

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34177

State File No.

FILED OCT 28 1952

BIRTH NO.		REG. DIST. NO. <u>81</u>		PRIMARY REG. DIST. NO. <u>4039</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u> c. LENGTH OF STAY (in this place) <u>4 1/2</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u> d. STREET ADDRESS (If rural, give location) <u>White Township 4 miles W. of Lincoln</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>ANNAE</u> c. (Last) <u>JACKEL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22, 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>April 19, 1888</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. H. Retenmund</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Tubering</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Jackel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Jackel</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy, Myocardial Decompensation</u> DUE TO (c) <u>Uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis of tons</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>5 days</u> <u>3 days</u> <u>3 years</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10-12, 1952</u> to <u>Oct 21, 1952</u> , that I last saw the deceased alive on <u>Oct 21, 1952</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. R. McRae, D.O.</u>				23b. ADDRESS <u>Lincoln Mo Box 13</u>		23c. DATE SIGNED <u>10-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Lutheran Cemetery, Lincoln, Benton Co. Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Oct 23, 1952</u>		REGISTRAR'S SIGNATURE <u>B. H. Eickhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Reser</u> ADDRESS <u>Lincoln</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.